

MAIL TO:
Office of the Attorney General
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
Telephone: (916) 323-5079

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES

ANNUAL REGISTRATION FORM FOR 20____

Section 12599, California Government Code
11 Cal. Code Regs. section 308

Failure to register by January 15th annually for each calendar year of solicitation may result in late fees as defined in Government Code section 12586.1.

A CERTIFIED OR CASHIER'S CHECK IN THE AMOUNT OF \$350
MUST ACCOMPANY THIS REGISTRATION FORM



Official Name and Address of Commercial Fundraiser for Charitable Purposes:

Name of commercial fundraiser for charitable purposes

Address (Do Not Use P.O. Box)

City or Town, State and ZIP Code

CF Registration Number _____

Federal Employer I.D. Number _____

Telephone Number () _____

Mailing Address (if different from Official Address):

Mailing Address

City, State, and ZIP Code

In addition to the OFFICIAL name, enter all other names and addresses under which this commercial fundraiser for charitable purposes is known or operates:

Legal Form of Commercial Fundraiser for Charitable Purposes:

☐ Corporation

☐ Unincorporated Association

☐ Partnership

☐ Sole Proprietorship

State in which organized _____ Date organized _____

Enter name, individual home address, and relationship to the commercial fundraiser for charitable purposes of each officer and director of corporation or unincorporated association; each partner in the partnership; or the owner of the sole proprietorship.

Name	Home Address	Title/Relationship to Commercial Fundraiser for Charitable Purposes

Identify commercial fundraiser for charitable purposes' activities:

- | | | |
|--------------------------------------------------------|----------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Auction | <input type="checkbox"/> Advertising Sales | <input type="checkbox"/> Baby Pageant |
| <input type="checkbox"/> Beauty Pageant | <input type="checkbox"/> Car Donations | <input type="checkbox"/> Circus |
| <input type="checkbox"/> Concert | <input type="checkbox"/> Dinner | <input type="checkbox"/> Direct Mail |
| <input type="checkbox"/> Discount Coupons | <input type="checkbox"/> Door-to-Door Solicitation | <input type="checkbox"/> Entertainment Event |
| <input type="checkbox"/> Honor Boxes | <input type="checkbox"/> Magazine Sales | <input type="checkbox"/> Publication |
| <input type="checkbox"/> Salvageable Personal Property | <input type="checkbox"/> Safety Products | <input type="checkbox"/> Sports Event |
| <input type="checkbox"/> Telemarketing | <input type="checkbox"/> Telephone Solicitation | <input type="checkbox"/> Theater |
| <input type="checkbox"/> Thrift Store | <input type="checkbox"/> Trash Bags | <input type="checkbox"/> Vending Machines |
| <input type="checkbox"/> Other: | | |

Is any director, officer, or employee of the commercial fundraiser for charitable purposes a director, officer, or employee of any charitable organization with which it has contracted to solicit?

☐ Yes☐ No

If "yes," complete the following:

Name and address of director, officer, or employee of commercial fundraiser for charitable purposes	Name and address of charitable organization	Relationship of officer, etc. to charitable organization

For each affiliation identified above, attach a copy of the contract between the commercial fundraiser for charitable purposes and the charity.

Has the commercial fundraiser for charitable purposes ever had any license, registration or permit denied, cancelled, suspended or revoked, or had any official disciplinary or legal action taken against it? Is any such action currently pending against the commercial fundraiser for charitable purposes or any of its representatives in relation to any fundraising activity?

☐ Yes☐ No

If "yes," complete the following:

Name and address of government agency bringing action	Nature of action. Indicate against whom action was taken and disposition	Date

☐ "X" box if attachments are included.

I certify under penalty of perjury that I am authorized to sign this registration form and that the information provided herein, including attachments, is true and complete to the best of my knowledge and belief.

Signature_____
Printed Name_____
Title_____
Date